

HEALTH EVENT APPROVAL FORM

STUDENT INSTRUCTIONS:

1. Complete both sides this form for approval of events that involve health screenings or immunizations (such as health fairs).
 - Informational Events – Forms are due 1 week before event date.
 - Health Screenings or Immunizations – Forms are due at least 2 weeks prior to the event.
2. Submit this form to the Associate Director of UME for the Student Experience via email or in the Forms Box in S-245.
3. Approvals will be emailed to the contact person for the event.

STUDENT NAME: _____ TODAY'S DATE: _____

EVENT NAME: _____

EVENT DATE AND TIME: _____ EVENT TYPE: _____

EVENT LOCATION: _____
Name of Site, Address, Room Number, etc.

WHO IS PARTICIPATING IN YOUR EVENT?

1. Please list the (student) Project Coordinators who will be at the event and who will be in charge of supervising any student volunteers. Please designate one student as the contact person for the event, and identify this person with an asterisk.

2. Will there be any hands-on procedures done at the event (e.g., immunizations, taking a BP, doing a fingerstick, glucose or cholesterol screening, showing someone how to use an inhaler, etc.)? _____ Yes _____ No
 - a. If "Yes," who is the UCSF Faculty supervising preceptor?
Name and Department: _____
Contact Information (Email address and Phone Number): _____
 - b. Which participants will be doing each procedure, and how are they trained to do so?

WHAT IS BEING DONE AT YOUR EVENT?

1. Describe specifically what is being done at your event, including provision of health information/health education; health screenings and/or procedures. If there are other health-related activities involved, please describe.

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2. If health information is being provided, has this information been reviewed and approved by the project preceptor?
_____ Yes _____ No

WHY IS THIS EVENT TAKING PLACE? (This may seem self-evident, but it's important documentation)

HOW ARE THE PARTICIPANTS AND SUPPLIES GETTING TO THE EVENT?

PLEASE LIST ALL EXPENSES AND SOURCES OF FUNDING FOR THE EVENT (Including supplies, travel, etc.)

PLEASE LIST ALL ORGANIZATIONS WHO ARE COLLABORATING IN OR INVOLVED WITH THIS EVENT: